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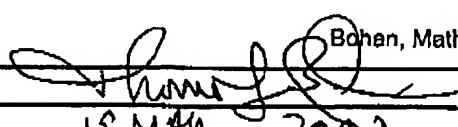
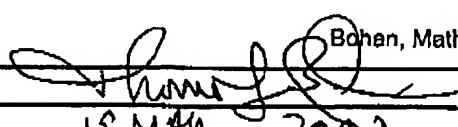
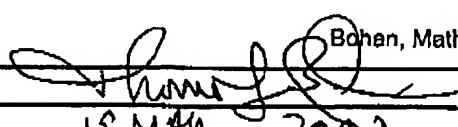
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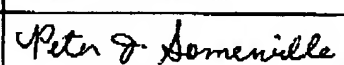
PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/693,336	
	Filing Date	April 19, 2004	
	First Named Inventor	Chisari, Joseph	
	Art Unit	3673	
	Examiner Name	Robert G. Santos	
Total Number of Pages in This Submission	2	Attorney Docket Number	04-131

ENCLOSURES (Check all that apply)											
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____									
Remarks											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm or Individual name</td> <td colspan="2">Bohan, Mathers & Associates, LLC</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> </tr> <tr> <td>Date</td> <td colspan="2">19 May 2005</td> </tr> </table>			Firm or Individual name	Bohan, Mathers & Associates, LLC		Signature			Date	19 May 2005	
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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/693,336
Filing Date	04/19/2004
First Named Inventor	Chisari, Joseph
Title	The Stomach Sleeper
Art Unit	3673
Examiner Name	Santos, Robert G.
Attorney Docket Number	04-131

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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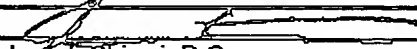
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/18/05
Name	Joseph Chisari, D.C.	Telephone	(207) 935-3500
Title and Company	Community Chiropractic Enterprises, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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Docket No. 04131